



REGIONAL HEARING CLERK
REGION 11

SEP 17 12 00 PM '84

FACE LABEL IN THIS SIDE

PLEASE PLACE LABEL IN THIS SPACE

III LOCATION OF INSTALLATION

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER								APPROVED		DATE RECEIVED (yr., mo., & day)			
B						T/A	C						
F	NYD980777338							I					
1	2						16	16		17		22	

COR MFG. CO., DIV. A. J. MURPHY CO., INC.

STREET OR P.O. BOX

[illegible]

CITY OR TOWN																ST.		ZIP CODE				
C 4	S	Y	R	A	C	H	E									N	Y	1	3	2	2	C
15	16	-													40	41	42	47	-			51

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST.	ZIP CODE	
C	6	E	A	S	T	S	P	R	A	C	H	S	E			NY	13057
15	16															40	41 42 43 44 45

NAME AND TITLE (last, first, & job title)


SMITH, LEWIS PLANT SAFETY DIRECTOR																		315-437-1030			
2		16		7		45		46		- 48		49		- 51		52 - 55					

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL M = NON-FEDERAL		<input checked="" type="checkbox"/> 57 A. GENERATION	<input type="checkbox"/> 58 B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> 59 C. TREAT/STORE/DISPOSE	<input type="checkbox"/> 60 D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ ⁶¹ A. AIR ☐ ⁶² B. RAIL ☐ ⁶³ C. HIGHWAY ☐ ⁶⁴ D. WATER ☐ ⁶⁵ E. OTHER (specify):

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.											
NY D041586645											

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
S													T/A	C
W													1	
1	2												13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

David M. Smith

LEON M. SMITH
HAZARD SAFETY SPECIALIST

9-12-84